

Minutes of the meeting of the Managed Care Committee of the Board of Directors of the Cook County Health and Hospitals System held Thursday, April 16, 2015 at the hour of 10:00 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Lerner called the meeting to order.

Present: Chairman Wayne M. Lerner, DPH, LFACHE and Carmen Velasquez (2)

Director Ada Mary Gugenheim

Absent: Director Emilie N. Junge (1)

Additional attendees and/or presenters were:

Douglas Elwell – Deputy CEO of Strategy and Finance

Steven Glass – Executive Director of Managed Care

Randolph Johnston – System Associate General Counsel

Elizabeth Reidy – General Counsel

Deborah Santana – Secretary to the Board

John Jay Shannon, MD –Chief Executive Officer

II. Public Speakers

Chairman Lerner asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore Concerned Citizen

III. Report on CountyCare Health Plan (Attachment #1)

A. Metrics

Steven Glass, Executive Director of Managed Care, reviewed the Report on the CountyCare Health Plan. Dr. John Jay Shannon, Chief Executive Officer, and Douglas Elwell, Deputy Chief Executive Officer of Strategy and Finance, provided additional information.

With regard to the information on slide 7, Mr. Glass stated that the jump in the number of prescriptions filled from February to March is largely attributable to the total growth in membership; he noted that the total pharmacy spend in March was \$14 million, which is higher than it has been in the past. Director Gugenheim referenced the figure of 32% that represents the percentage of utilizing members; she inquired whether this means that, of the total membership in the month of March, one-third of the members used pharmacy services. Mr. Glass responded affirmatively. Director Gugenheim asked if there was a breakdown between the insured populations¹. Mr. Glass stated that he will further investigate to see if this can be done. He noted that one-third (1/3) of CountyCare's members are between the ages of 19-35; members in that age group are not likely to be on statins and maintenance-type medications.

III. Report on CountyCare Health Plan (continued)

The Committee discussed the information regarding 30-day readmissions. Mr. Glass noted that the goal is a benchmark number that he was able to glean from some studies that looked at a Medicare population; it is not an apples-to-apples comparison. He will go back to his notes to look at the exact source, and will provide that moving forward; he added that he hopes to get the National Committee for Quality Assurance (NCQA) comparison for other Medicaid health plans.

With regard to slide 8, Chairman Lerner noted that, under the utilization section, it is desirable to have green arrows pointing up. To the extent that this can be influenced, because there are some degrees of freedom that people have as providers in working with that, a discussion will need to be held during strategic planning on the linkage between CountyCare and the System, and the overlap between the two². Mr. Glass stated that 30-32% of the members are assigned to the System's own health centers; a question to address is whether there is 30-32% of utilization across the System. Chairman Lerner stated that, in the not too distant future, the Committee should do a drill-down on those sub-populations.

With regard to the information on slide 10, Director Velasquez referenced the System's decision to bring the call center activities in-house; she asked for an update from management on the status of preparations. Mr. Glass stated that his staff is working very closely with the team that is part of the leadership group responsible for getting it up and running. They have taken the existing training materials for the current call center and are reviewing, updating and developing the training materials; when the convergence comes, and the people are hired and the work space and technology are ready to go, they will be ready to run and make it happen. Mr. Elwell stated that he will provide a report to Director Velasquez on the subject, which will provide a complete view of the activities; after she receives the report he can follow up for any further discussion³.

Director Velasquez inquired regarding the dollar value relating to the 10,639 members up for redetermination in April, as reflected on slide 10. Dr. Shannon responded that it represents approximately \$6 million per month in revenues.

During the discussion of the information on the 1115 Waiver evaluation, Chairman Lerner noted that the administration will need to consider expansion in both owned and not-owned sites; they will also need to consider training and other requirements. Maturation of a plan like this will require many questions to be addressed, including the following: how well can we define specifications; how well can we hit quality and performance standards; and who do we keep and who do we remove from the network?

For the record, Dr. Shannon took a moment to reflect on the huge amount of work and individuals involved in the 1115 Waiver and development of CountyCare. In particular, he gave a tremendous amount of credit not only to Dr. Ram Raju, but also to Cook County Board President Toni Preckwinkle and the Illinois General Assembly. There were many consultants who helped to shape the pitch for the 1115 Waiver and to get the pre-work done that made it a digestible and attractive proposal for the Centers for Medicare and Medicaid Services (CMS). He thanked Mr. Elwell, who was largely involved in that; he stated that he was grateful for Mr. Elwell's leadership and foresight. He acknowledged the work of Susan Greene, for getting it up and running and for her amount of energy and creative spirit; additionally, he thanked Mary Sajdak, who was at the time working in Ms. Greene's shop. Mr. Glass and his team on the ground today have done a great amount of work to continue to refine and realize the achievements for the members of the plan. He was grateful to Elizabeth Reidy and the legal team, for all of their work and for putting together the strategic framework to minimize risk to the organization. He thanked the Board for supporting this initiative and for going through CountyCare's "ugly duckling" phase to its current "adolescent" phase. He also recognized the staff and employees of the System; he stated that they continue to be totally supportive of CountyCare.

Chairman Lerner concurred with Dr. Shannon's comments. He stated that, for the April Board Meeting, he planned to go quickly through the metrics and go right to the discussion of the Waiver evaluation.

IV. Recommendations, Discussion/Information Items

A. Changes in managed care environment

Mr. Elwell stated that there are four types of managed care entities for Medicaid in Illinois.

MCCN	Managed Care Community Network Family Health Network (FHN) is an MCCN. CountyCare is a particular type of MCCN; it is a County MCCN.
MCO	Managed Care Organization These are basically the traditional managed care organizations; they are primarily for-profit organizations.
ACE	Accountable Care Entity These really grew out of hospitals' reactions to wanting a chance to participate in this managed care changeover, and to lead these efforts with their doctors.
CCE	Care Coordination Entities These are really for very specific populations and take some very high-risk individuals; they are fairly small but have big cost implications.

Mr. Elwell stated that the initial effort for managed care was about managing the care of the individual; now the effort is about capitation, which is a fundamental change. The July 1st deadline for managed care entities to have certain structures in place is drawing near, and a number of ACEs and CCEs have started reaching out and are beginning to understand their options in this area. Some of them are in a position where they initially thought they could have everything in place within three years, but were not able to do so within that time period. After the push to get all of the people in the County from a fee-for-service arrangement into managed care, there will only be dribbles adding to the market share; therefore, the current market share is likely to continue, unless someone leaves the business or unless consolidation takes place. He noted that he is not sure that there is anything that would preclude an MCO operating in some other part of the State from acquiring one of the ACEs in Cook County, which would then make them a competitor.

Mr. Elwell stated that none of the entities are particularly in love with any market, except for an entity like CountyCare. What happens to the population and the market place makes a difference to it forever, because the System will take care of them forever; if the Affordable Care Act (ACA) goes away tomorrow, these members will still be its patients. Prior to the creation of CountyCare, the System was an entity unto itself and really did not interact that much with the community, in terms of providers and other players. Now it is in full interaction, and the question is, does it want to continue in that full interaction and continue to build something, and continue to have influence on other providers and how people are cared for? Additionally, Mr. Elwell stated that CountyCare has a much larger network than one would typically find in this type of arrangement, particularly one that is owned by a provider. The concept of provider-owned is that the entity wants a network that funnels everything to itself, because that is how it fills its hospital. At the time of the evaluation, CountyCare had two teaching academic medical centers in its plan; it now has six, and is probably the only plan that has all six teaching academic medical centers in its plan.

Mr. Elwell stated that CountyCare has moved from a time where the idea was to grow to a time where it needs to look at who it is and what it wants to become. The administration is starting to take a look at that; additionally, the administration will look at potential expansion opportunities during this unique period that may not come again.

IV. Recommendations, Discussion/Information Items

A. Changes in managed care environment (continued)

Chairman Lerner thanked Mr. Elwell for his update. He stated that he would like to provide a snippet of this to the Board in April; at the June Board Meeting, which is when the Committee is scheduled to provide its next quarterly focus, this subject can be included as part of the drill-down. The timing will be closer to the July 1st deadline, and the administration will know more about the players in the market by then. With regard to the slide listing the health plan comparisons, he requested that the other plans be identified by managed care entity type.

Dr. Shannon provided comments regarding a meeting he recently attended with the acting Administrator of CMS, Dr. Andy Slavitt. Part of the conversation was regarding the various challenges that are abounding both in the State but also at the federal level around Medicaid funding and the ACA in general. Dr. Slavitt commented regarding the various kinds of experimentation around funding and structural pilots for both Medicare and Medicaid; it is too early to tell which of these are going to be great methods going forward, but he made the observation that there is growing evidence and a growing body of studies trickling out that particularly compare states that have expanded Medicaid and states that have not, both around the untapped need. Dr. Shannon noted that he hopes that this type of comparison will be done for Illinois, sooner than later, as some early and promising results are being seen with regard to the cost curve in those states that have chosen to expand Medicaid versus those who have not.

V. Action Items

A. Minutes of the Managed Care Committee Meeting, March 19, 2015

Director Velasquez, seconded by Chairman Lerner, moved to accept the minutes of the meeting of the Managed Care Committee of March 19, 2015. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Section V

VI. Adjourn

As the agenda was exhausted, Chairman Lerner declared that the meeting was ADJOURNED.

Respectfully submitted,
Managed Care Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Wayne M. Lerner, DPH, LFACHE, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

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- ¹ Follow-up: Regarding the percentage of members who utilized prescription services (32%), a request was made to see if that number can be broken down between the insured populations. (1/3 of CountyCare members are between the ages of 19-35.) Page 1.
- ² Follow-up: Strategic discussion to be held in the future regarding the linkage between CountyCare and the System, and the overlap between the two. Page 2.
- ³ Follow-up: Doug Elwell will follow up with Director Velasquez to address her questions regarding the status of bringing the call center activities in-house. Page 2.

Cook County Health and Hospitals System
Human Resources Committee Meeting Minutes
April 17, 2015

ATTACHMENT #1

COOK COUNTY HEALTH & HOSPITALS SYSTEM HUMAN RESOURCES COMMITTEE

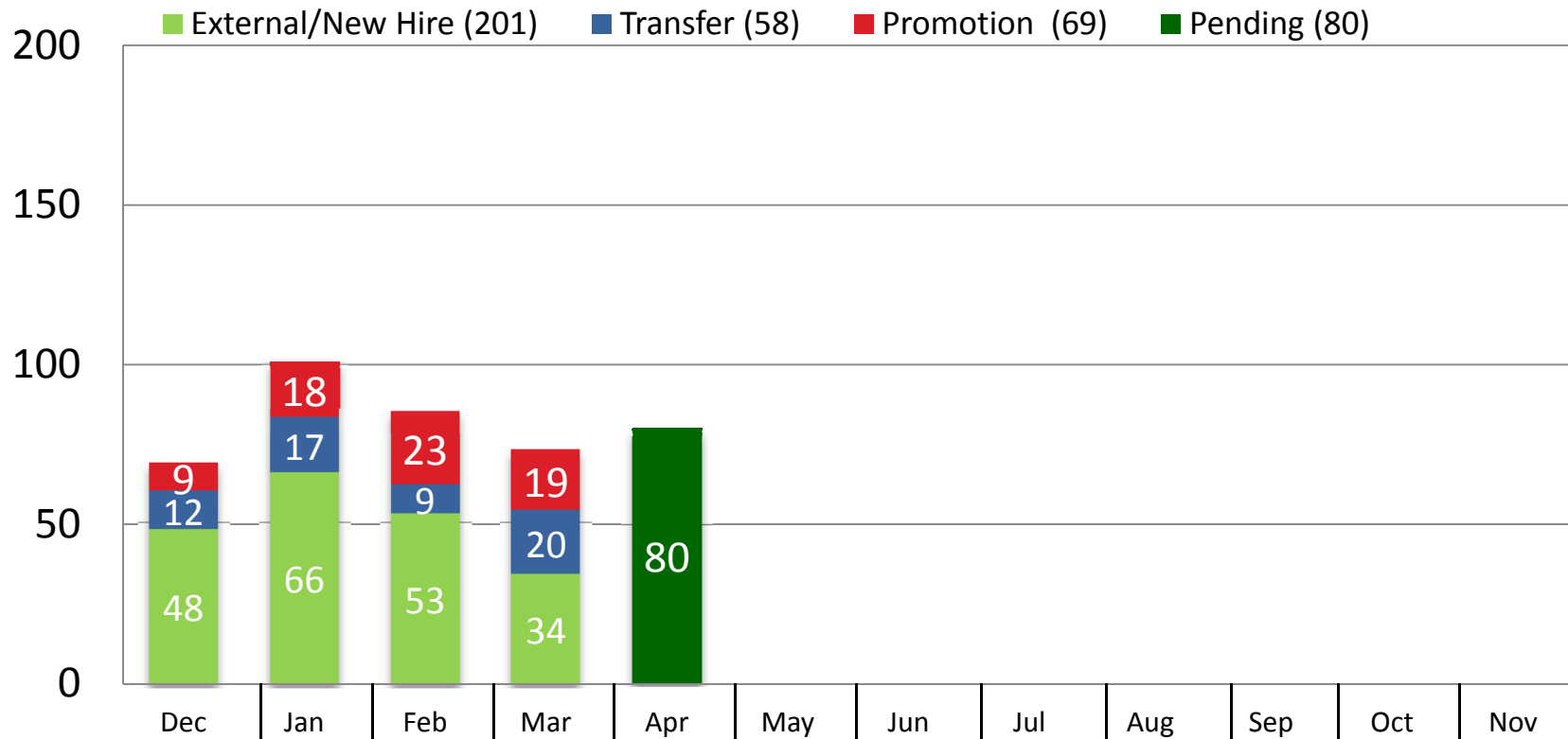
APRIL 17, 2015

Gladys Lopez, Chief of Human Resources



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
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FY15 Vacancies Filled through 03/23/15 by Hiring Source (328)



	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total CCHHS Vacant Positions	1084	1018	1066	1108								
¹ Total RTHs In HR	913	744	734	830								
² Positions in Development	171	274	332	278								
External Vacancies Filled	48	66	52	34								

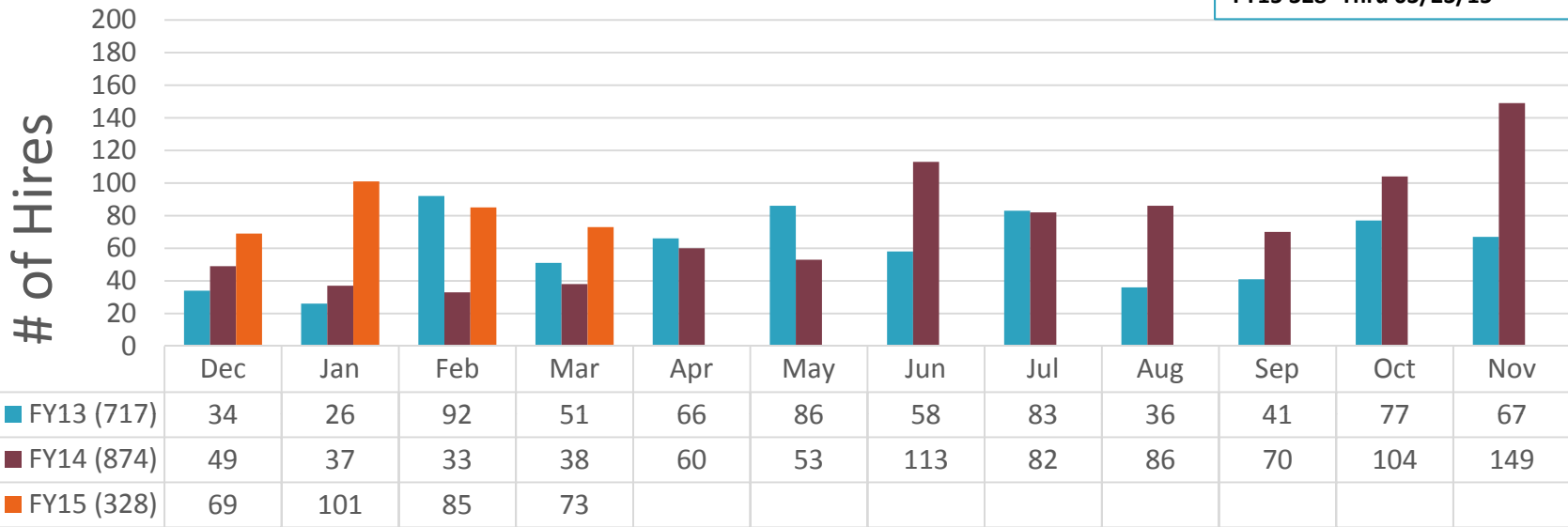
¹ Fluctuation based on new RTHs, Department decision to hold or re-class a PID.

² Positions to support strategic initiatives, such as re-organizations

FY15 Hires: Comparison of FY13, FY14 to FY15 (through 03/23/15)

VACANCIES FILLED

FY13 717
FY14 874 Increase by 22%
FY15 328 -Thru 03/23/15



Thru 03/23/15

FY15 Vacancies Filled by Job Function / Open Positions

YTD hires increased by 108%

Job Function	FY14 Hired	FY14 Year To Date Thru March 2014	FY15 Year To Date Thru March 2015	FY15 RTHs in Process (As of 3/27/15)
Finance	15	0	16	¹ 59
HIS	5	2	3	20
Licensed Practice Nurses	24	1	8	8
Nursing (CNI, CNII, APN, Nurse Coordinator, Clinician)	311	45	103	308
Physicians	97	34	24	88
Pharmacy	49	13	6	43
Other	373	62	168	304
Total	874	157	328	² 830

¹ Medicaid eligibility insourcing

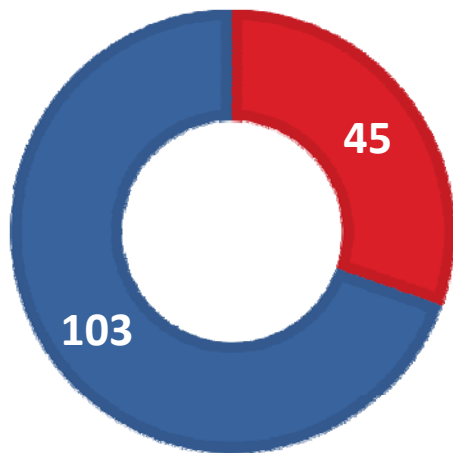
² Fluctuate month to month based on hires and requisitions.



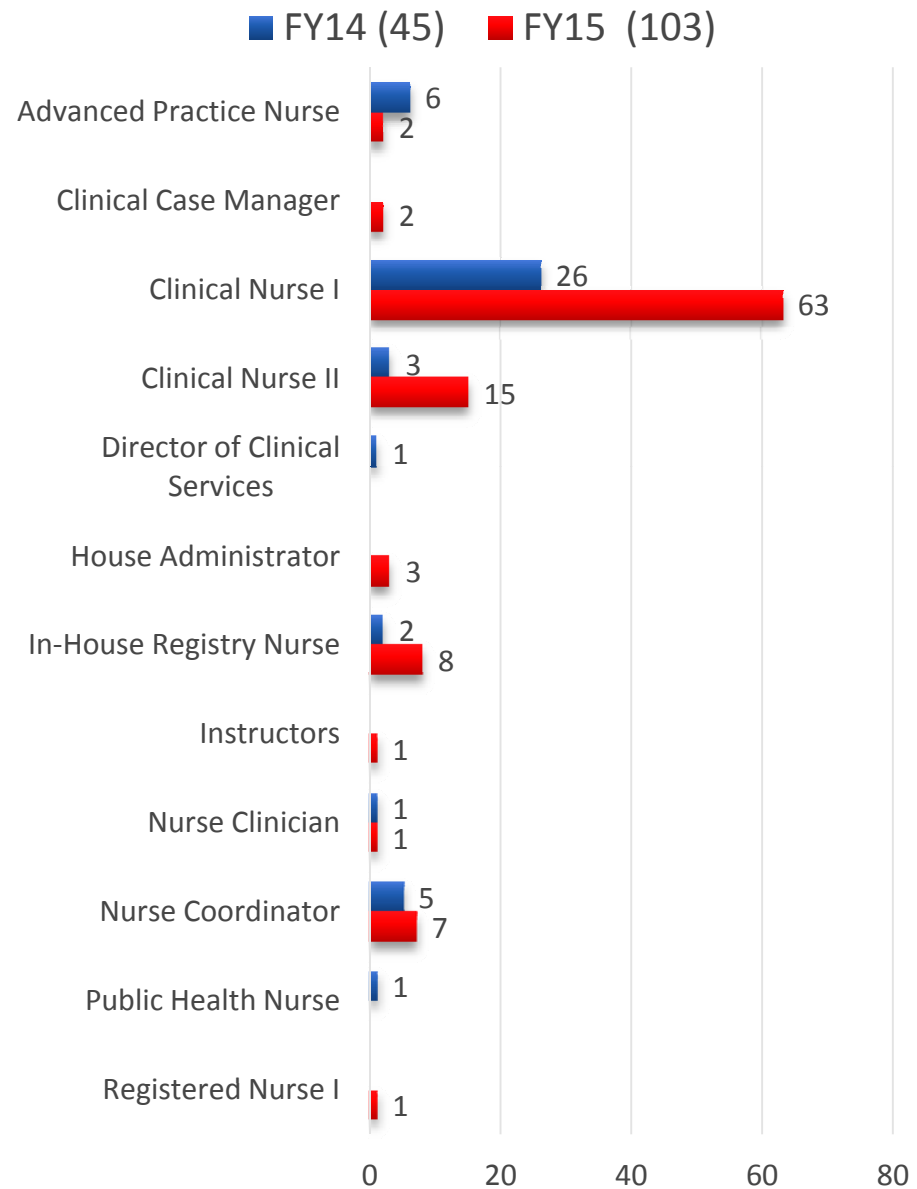
Comparison of Nursing Vacancies Filled – FY 14 to FY15 Year-to-Date

Year To Date (Thru 3/23/15)	FY14	FY15
TOTAL NEW HIRES	17	58
TOTAL TRANSFERS	19	22
TOTAL PROMOTIONS	9	23
TOTAL VACANCIES FILLED	45	103

**YEAR TO DATE HIRES
(FY14 VS. FY15)**



■ FY14 (45) ■ FY15 (103)



LICENSED NURSE VACANCIES FILLED

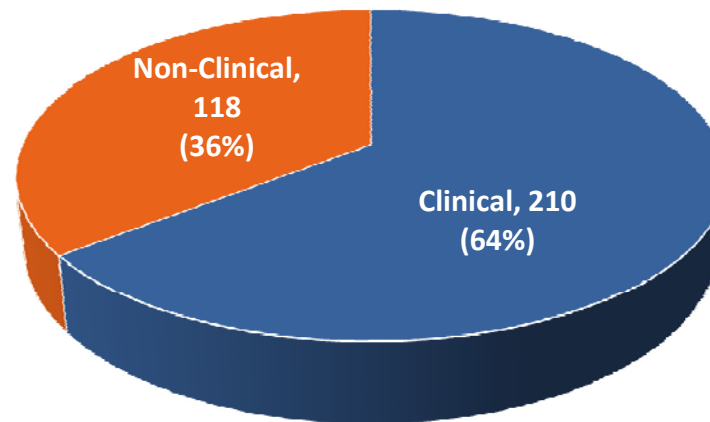
FY15 Clinical (210) vs. Non-Clinical (118) Vacancies Filled (328)

Clinical Classifications / Titles (210)

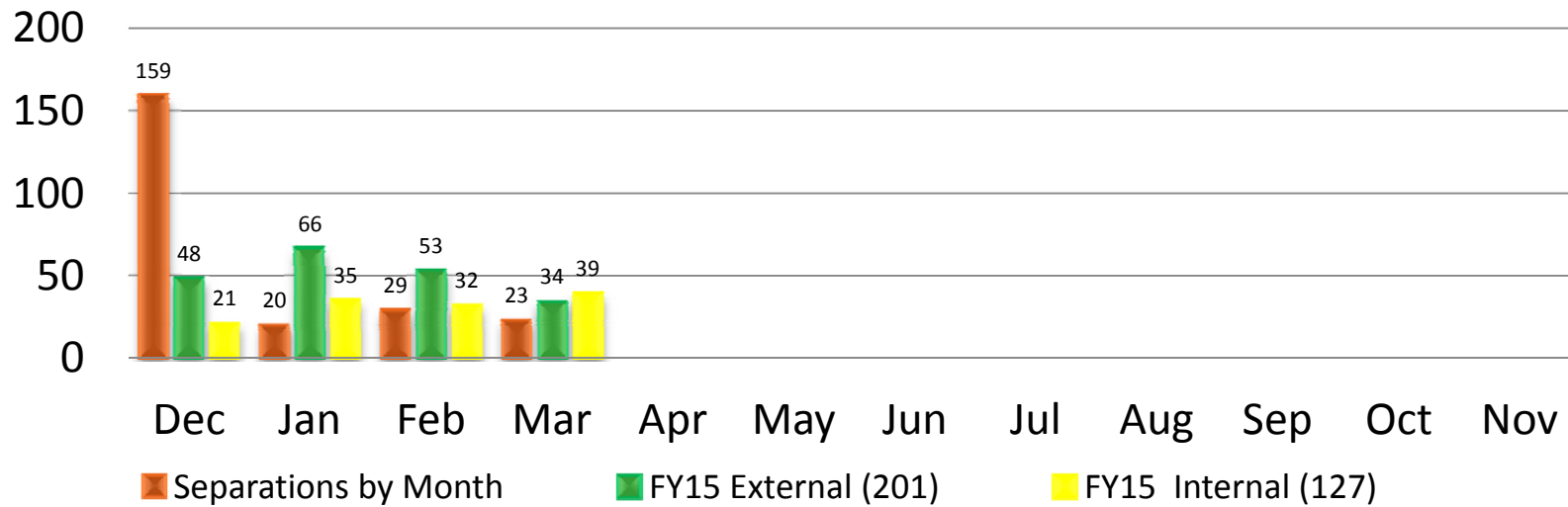
Attendant Patient Care
 Case Managers
 Correctional Medical Technician
 Dentistry
 EKG Tech
 Electrocardiogram Technician
 Emergency Response Technician
 Emergency Room Technician
 Epidemiologist
 Health Service Representative
 Laboratory
 Licensed Practical Nurse
 Medical Assistant
 Medical Lab Technician
 Medical Social Workers
 Medical Technologist
 Mental Health Specialist
 Nursing
 Pharmacy
 Physician Assistant
 Physicians
 Psychologists
 Radiology
 Special Procedure Tech
 Sterile Processing Tech
 Ward Clerk

Non-Clinical Classifications / Titles (118)

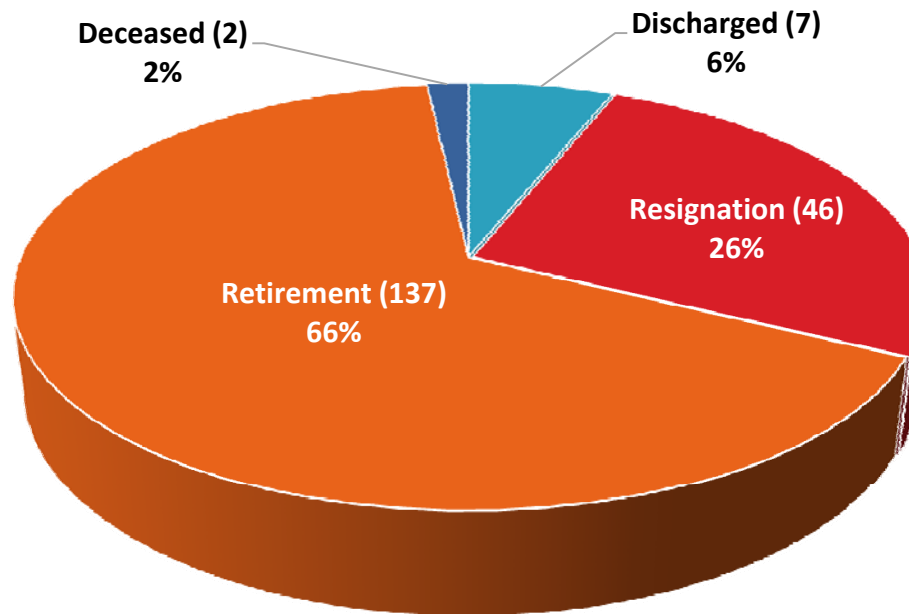
Building Service Worker
 Business Manager
 Clerical / Administrative
 Executives
 Finance
 Food Service / Dietary
 Hospital Information System
 Human Resources / Labor Relations
 Leadership/ Management
 Legal
 Procurement / Supply Chain
 Public Health Emergency Response Coordinator
 Safety
 Sanitarian
 Scheduler/Dispatcher
 Trades



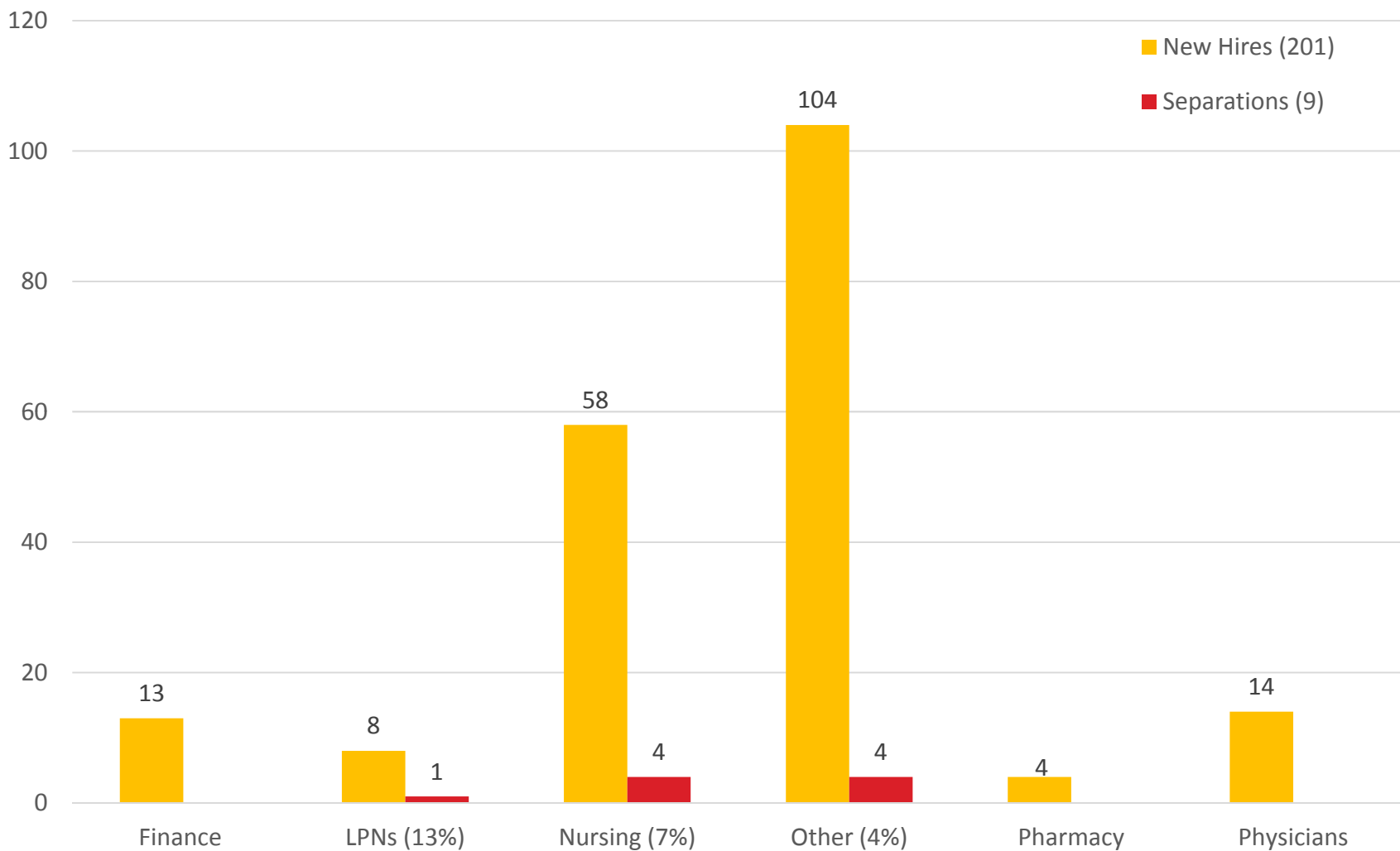
FY15 Separations (321) & External Hires (201)



Separations by Reason as of 03/31/15



Turnover of FY15 New Hires (201) (4%)

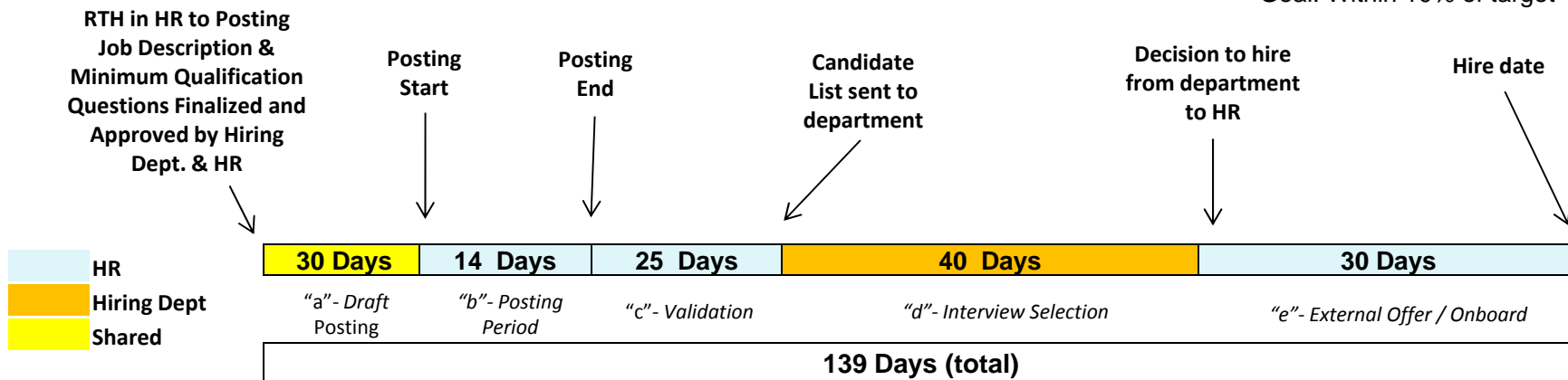


FY15 HR Goal: Improve / Reduce Average Time to Hire

Budget to Recruiting average of 30 Days

Goals		2014 Actual	2015 Target	Dec Actual	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	June Actual	YTD Avg	STATUS
a	Average # of days from Request to Hire approval to Posting Open	91	30	80	48	73	51				62	
b	Average # of posting days	14	14	13	9	12	13				11	
c	Average # of days from Posting Close to Interview Referral	28	25	33	22	27	30				27	
d	Average # of days from Interview Referral to Decision to Hire to HR. (Interview/Selection)	29	40	29	23	32	28				28	
e	Average # of days from decision to hire until actual Hire Date. <i>Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.</i>	41	30	55	49	51	52				51	
f	Average # of days from Request to Hire to Hire Date	203	139	209	151	195	168				180	

Goal: Within 10% of target



Benchmark: 58

Data source: TLNT The Business of HR

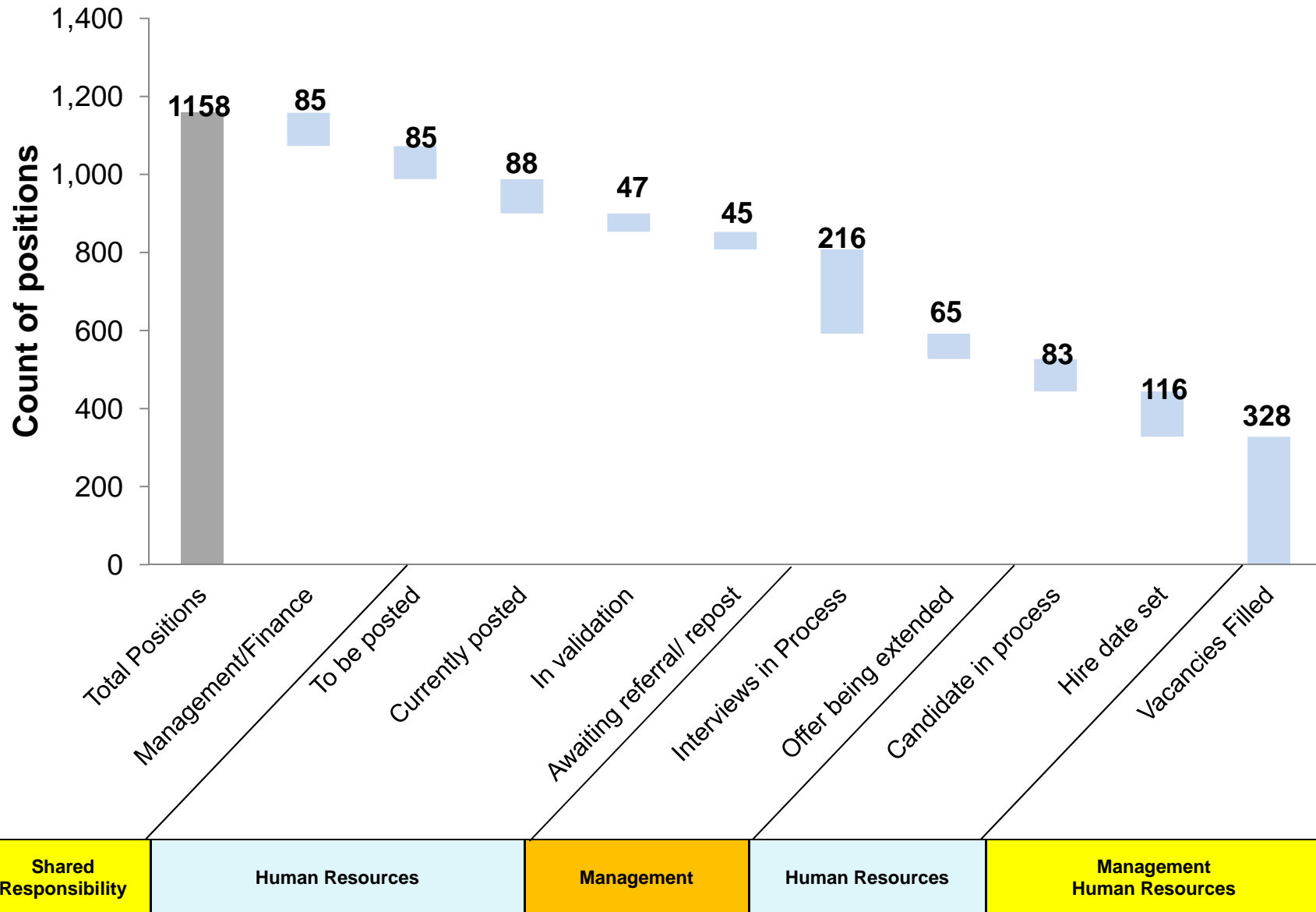
<http://www.tlnt.com/2014/08/14/employers-find-that-time-to-fill-job-rates-are-growing-hit-13-year-high/>



COOK COUNTY HEALTH & HOSPITALS SYSTEM
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FY15 HR Goal: Improve / Reduce Average Time to Hire

Hiring Snapshot (03/27/15)



SNAPSHOT OF FY15 CCHHS RECRUITING PROGRESS

Healthcare Focused Advertising & Job Placement



AHA (American Hospital Association)

- Site is integrated with CCHHS Job Posting Site
 - Partners with over 350 Healthcare Associations / Organizations
 - Each Job Posting appears on an **average of 40 sites** (Healthcare Associations / Specialty Sites)
 - Member National Healthcare Career Network
- Healthcare Focused Approach
- Increased Exposure to Candidates
- Detailed Analysis/Metrics for all postings:
 - # Candidate Views
 - # x's posting emailed / forwarded
 - # of Applications
 - # of Postings on Network Affiliates



The **right** connections make all the difference.

National Associations:

- Academy of Correctional Health Professionals
- Academy of General Dentistry
- Academy of Spinal Cord Injury Professionals, Inc
- Alexander Graham Bell Association for the Deaf and Hard of Hearing
- Alliance of Cardiovascular Professionals
- Ambulatory Surgery Center Association
- American Academy of Audiology
- American Academy of Child and Adolescent Psychiatry
- American Academy of Health Care Providers in the Addictive Disorders
- American Academy of Hospice and Palliative Medicine
- American Academy of Medical Administrators
- American Academy of Neurology
- American Academy of Ophthalmology
- American Academy of Pain Medicine
- American Academy of Pediatrics
- American Academy of Pediatric Dentistry
- American Academy of Physical Medicine & Rehabilitation
- American Art Therapy Association
- American Assisted Living Nurses Association
- American Association for Clinical Chemistry
- American Association for Long Term Care Nursing
- American Association for Marriage and Family Therapy
- American Association for the Study of Liver Diseases
- American Association of Colleges of Osteopathic Medicine
- American Association of Diabetes Educators
- American Association of Heart Failure Nurses



Healthcare Focused Advertising & Job Placement



ATTENDING PHYSICIAN 7- Pediatrics/Adolescent Medicine is currently active (or was last active) on the following NHCN and affiliate sites:

Academy of Spinal Cord Injury Professionals, Inc	Mental Health America
American Academy of Pediatrics - Missouri Chapter	Metropolitan Chicago Healthcare Council
American Association of Colleges of Osteopathic Medicine	Michigan Health & Hospital Association
American College of Osteopathic Emergency Physicians	Minnesota Medical Association
American College of Osteopathic Family Physicians	Missouri Hospital Association
American Hospital Association	National Association of Chronic Disease Directors
American Medical Group Association	National Association of County and City Health Officials
American Medical Rehabilitation Providers Association	National Association of Managed Care Physicians

Job Statistics

Inactive

All User's Jobs
Listing This User's Jobs

Applications
Order Results By

A-Z
In This Order

Sort

[Print this report](#)

Job	Title	Duration	DV	AC	CD	AP	EF	AE	ND
151. 00116942	Attending Physician 10 - Pulmonary & Critical Care - Stroger Hospital	11 Days 1/14/15-1/25/15	359	4	4	0	0	771	71
152. 00115534	ATTENDING PHYSICIAN 7- Pediatrics/Adolescent Medicine	9 Days 1/14/15-1/23/15	531	6	6	0	0	216	62
153. 00116315	Attending Physician VI - Clinician Educator	11 Days 1/14/15-1/25/15	335	3	3	0	0	626	93
154. 00116946	Attending Physician 10-oculoplastic Specialist Ophthalmology	15 Days 1/14/15-1/20/15	218	0	0	0	0	97	53

Sample Posting

- DV = Detailed Views
- AC = Views Clicks
- CD = Applicants
- AE = Agent Emails Notifications
- ND = Network Distribution (Add 'I Sites)



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

Healthcare Focused Advertising & Job Placement



350 Associations / Organizations



The *right* connections make all the difference.



HERE FOR PHYSICIANS
12,000+ PHYSICIAN JOB LISTINGS
100+ CAREER FAIRS

Cook County Health & Hospitals System
The 3rd largest healthcare system in the U.S.



We are hiring Doctors
for all specialties.



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

<http://www.cookcountyhhs.org/about-cchhs/careers/>



American Academy of Psychiatry and the Law

POLISH AMERICAN ASSOCIATION
Resources for Changing Lives

indeed®
one search. all jobs.



NURSE.com
where the nurses are



Cook County Health & Hospitals System
The 3rd largest healthcare system in the U.S.



We are hiring Nurses
for all specialties.



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

<http://www.cookcountyhhs.org/about-cchhs/careers/>



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

Career Fairs – Q1 Events

2015											
JANUARY				FEBRUARY				MARCH			
Mo	Tu	We	Th	Fr	Sa	Su		Mo	Tu	We	Th
							1	30	31		1
5	6	7	8	9	10	11		2	3	4	5
12	13	14	15	16	17	18		9	10	11	12
19	20	21	22	23	24	25		16	17	18	19
26	27	28	29	30	31			23	24	25	26
APRIL				MAY				JUNE			
Mo	Tu	We	Th	Fr	Sa	Su		Mo	Tu	We	Th
							1	8	9	10	11
6	7	8	9	10	11	12		15	16	17	18
13	14	15	16	17	18	19		22	23	24	25
20	21	22	23	24	25	26		29	30		
27	28	29	30								
JULY				AUGUST				SEPTEMBER			
Mo	Tu	We	Th	Fr	Sa	Su		Mo	Tu	We	Th
							1	1	2	3	4
6	7	8	9	10	11	12		7	8	9	10
13	14	15	16	17	18	19		14	15	16	17
20	21	22	23	24	25	26		21	22	23	24
27	28	29	30	31				28	29	30	
OCTOBER				NOVEMBER				DECEMBER			
Mo	Tu	We	Th	Fr	Sa	Su		Mo	Tu	We	Th
							1	1	2	3	4
5	6	7	8	9	10	11		7	8	9	10
12	13	14	15	16	17	18		14	15	16	17
19	20	21	22	23	24	25		21	22	23	24
26	27	28	29	30	31			28	29	30	31

Goals

- Develop a long-range recruitment calendar to plan recruiting events (job fairs, advertising campaigns, establish networks with associations, colleges & universities)
- Provide a recruitment schedule targeted towards major healthcare disciplines
- Brand and position CCHHS as an employer of choice
- Identify sourcing channels target i.e.: colleges and university, industry associations/user groups; social networking sites.



Physicians, PAs
and NPs
March 5, 2015



LOYOLA
UNIVERSITY CHICAGO
Nursing
March 11, 2015



Nursing, Computer Science,
Radiologic Technicians
March 15, 2015

Illinois Institute of Technology

Information Technology -
March 11, 2015



Information Technology
March 11, 2015



Nurses
March 5, 2015



CHAMBERLAIN
College of Nursing
Nurses
February 10, 2015



Information Technology; Human
Services & Health Sciences
March 11, 2015



Psychologists
January 20, 2015



Information Technology
March 11, 2015



LOYOLA
UNIVERSITY CHICAGO

Nurses & Social
Workers
March 11, 2015



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

Supplemental Healthcare Update



Initiative	Update / Outcomes to Date
Evaluate & Provide Recommendations to Enhance New Hire Orientation Program <i>75% Complete</i>	<ul style="list-style-type: none"> Prepared Observation Summary w/ recommended enhancements <ul style="list-style-type: none"> Environmental <ul style="list-style-type: none"> Provided Recommendations to enhance Room Configuration /Seating Content <ul style="list-style-type: none"> Provided suggestions to enhancing content / materials Completed review of all presentations / Content Completed Draft Video Presentation of CCHHS History Provided suggestions to improve Agenda “flow” of Program Materials <ul style="list-style-type: none"> Recommended enhancements to “New Hire” Binder Provided recommendations to streamline presentations Facilitation <ul style="list-style-type: none"> Provided recommendations to improve messaging Video taped all presentations – Provided coaching / presentations skills for speakers
Provide Assistance with Job Descriptions/Postings / Interview Questions <i>On Going</i>	<ul style="list-style-type: none"> Reviewing/ editing to various Job descriptions to improve consistency / clarity – 25 Completed to date Provided assistance with revising / creating Job Postings and Interview Questions – On Going
Provide Operational Assistance <i>On Going</i>	<ul style="list-style-type: none"> Resources Engaged: <ul style="list-style-type: none"> Asst. Administrator for COO (1 FTE) HR Business Analyst / Project Managers (2 FTE’s) <ul style="list-style-type: none"> Policies /Procedures Skills Testing/Assessment Review HR Administrative Asst. for Nursing (1 FTE)

Cook County Classification & Compensation RFP

RFP No. 1553-14083 - Countywide Job Classification & Compensation Study

- **OBJECTIVE:** Contract with a consultant to conduct a scalable, multi-year County Wide Job Classification and Compensation Study for approximately 5,000 non-union positions and certain union positions upon request. The study will include
 - ✓ Job Analysis – identify and determine in detail, the particular job duties, requirements and relative importance of those duties, for a given job.
 - ✓ Classification Analysis – Obtain important and relevant information about each distinct role played by one or more positions within an organizational unit. This includes evaluating the duties and responsibilities of the job or role within the organization and comparing them with predefined class specifications that are established for a series of job classes.
 - ✓ Compensation Analysis – Analysis of County compensation plans using relevant comparables, including workforce and labor market trends related to salary, performance, economic factors and industry specific practices.
 - ✓ FLSA Analysis - Analysis and recommendation of whether employees are appropriately classified based upon the Fair Labor Standards Act and applicable state statutes.
 - ✓ Market Analysis - Compilation of data for occupations ranging from local to national markets for specific jobs or major occupational groups.
 - ✓ Organizational Analysis – Develop models and theories that accurately capture the functions and development of County Bureaus, Divisions and Departments; models and theories that affect manner in which County can affect and bring about changes within the organization.
 - ✓ Organizational Planning - Review of County organizational structures; dividing responsibilities of an organization.

Cook County Classification & Compensation RFP

- **PURPOSE:** to ensure that the Cook County Government's classification and compensation structures are competitive in the local marketplace. The County Wide Job Classification and Compensation Study will evaluate all non-union positions and requested union positions in the Offices under the President of Cook County, and upon request, in offices of separately elected officials of Cook County, the Cook County Health and Hospital Systems and the Cook County Forest Preserve.
- **SCOPE OF WORK:** Conduct a County Wide (1) Job Classification and FLSA Analysis; (2) Compensation and Market Analysis; and (3) will assist, upon request, in creation of Organizational Analysis and Planning models for all nonunion positions, and requested union positions, to include non-management and management positions, in the Offices under the President of Cook County, and upon request, in offices of separately elected officials of Cook County, the Cook County Health and Hospital Systems and the Cook County Forest Preserve. Using best practice and appropriate industry standards.
- **CCHHS PARTICIPATION:** Chief of Human Resources & Deputy Chief of Human Resources are on the Evaluation Committee and we are a voting member of the Evaluation Committee. First meeting is scheduled for April 14th.

CCHHS Classification & Compensation Work

The CCHHS Classification & Compensation Team has participated in the following surveys over the past year:

Sullivan Cotter

- Executive and Physician Compensation Studies

Since its founding in 1992, Sullivan, Cotter and Associates, Inc. has grown to become the leading independent firm of senior advisers on all elements of total compensation planning for health care and not-for-profit organizations.

Within the compensation arena, Sullivan Cotter covers direct and indirect compensation, qualified and nonqualified benefits, rewards, perquisites and other forms of remuneration.

Metropolitan Chicago Health Care Council (MCHC)

- Hot Jobs (Titles will vary-completed quarterly)
- Past Pay Practices
- Management Compensation
- Non-Management Compensation

MCHC is a membership and service association comprising more than 150 hospitals and health care organizations working together, since 1935, to improve the delivery of health care services in the Chicago area.

The Council's institutional members include 89 acute care hospitals and their integrated delivery systems in the eight-county metropolitan Chicago region (Cook, DuPage, Grundy, Lake, Kane, Kankakee, McHenry and Will). Associate members include hospitals and other provider organizations located in the tri-state area such as community health centers, outpatient treatment centers, long-term care and facilities for behavioral health and the developmentally disabled, physician groups, insurers, private ambulance companies, blood banks, medical and nursing schools.

CCHHS Classification & Compensation Work

We have access to salary survey data via our memberships with:

- **Medical Group Management Association (MGMA)** is the leading association for medical practice administrators and healthcare executives for nearly 90 years. Through its national membership and 50 state affiliates, MGMA represents more than 33,000 administrators and executives in 18,000 healthcare organizations in which 385,000 physicians practice.
- **American Society for Healthcare Human Resources Administration (ASHHRA)**, founded in 1964, the American Society for Healthcare Human Resources Administration (ASHHRA) is a personal membership group of the American Hospital Association (AHA) and has more than 3,100 members nationwide. It leads the way for members to become more effective, valued, and credible leaders in health care human resources. As the foremost authority in health care human resources, it provides timely and critical support through research, learning and knowledge sharing, professional development, products and resources, and provides opportunities for networking and collaboration.

We also have access to:

- **Mercer** data on Information Technology positions which we are working to insource. Mercer is a global consulting leader in talent, health, retirement, and investments who help clients around the world advance the health, wealth, and performance of their people. Mercer's more than 20,500 employees are based in more than 40 countries, and we operate in more than 130 countries.